



HOW TO BILL SUCCESSFULLY IN PROVIDERONE

TRIBAL PROVIDERS

- Copy of this presentation located at
<http://www.dshs.wa.gov/pdf/provider/Webinar/BillingSuccessfully-Tribal.pdf>
- Links to resources located throughout the presentation



Learning Objectives

- After this webinar, you will understand:
 - Electronic vs. paper billing
 - How to bill using Direct Data Entry (DDE)
 - The importance of the new identifiers
 - Taxonomy
 - National Provider Identifier (NPI)
 - Client ID Number
 - Tips for successful billing
 - Understand the new ProviderOne RA
- There will be a demonstration of claims entry in ProviderOne



Paper Billing

- The Agency has moved to a new scanning process for processing paper claims and forms
 - Centralized paper intake process includes paper claims and *all other paper forms*
 - All paper must be manually scanned through the Agency's new scanning system
 - Automated process requires that data is located in the correct fields for scanning
 - Higher failure rate due to unreadable and missing information
 - About 20,000 documents are received for processing each day
- Takes a long time (currently up to 45 days) to process a paper claim



Paper Billing

- Changes for providers include:
 - New required identifiers
 - NPI
 - Taxonomy
 - ProviderOne Client ID
 - New adjustment process
 - New forms
 - Cover sheets
 - PA request form (13-835)
- Updated Tribal Billing Instructions:
http://hrsa.dshs.wa.gov/Download/Billing_Instructions_Webpages/Tribal_Health_Program.html



Paper Billing vs. Direct Data Entry

- While we all work on making the paper claims process more efficient (staff getting up-to-speed on the new scanner, new forms, incorrect or incomplete forms, duplicate claims, etc.), it would benefit you to give Direct Data Entry a try!
- DDE (keying claims on the web) gives providers immediate feedback
- Most claims get processed within 1 week instead of 45 or more days
- 60% of DDE claims coming in as clean claims and paying right now, compared to 10% paper



Paper Billing vs. Direct Data Entry

- Because of changes for the Agency and providers:
 - Taking at least 45 days to process a paper claim. If it denies and you submit another paper claim, that's another possible 45 or more days!
- Direct data entry (DDE) claims are currently processed much more quickly!
 - Clean claims (those including all the correct data elements), by the Department standards, can pay within 7 to 10 business days. They can process within 24 hours!



Paper Billing vs. Direct Data Entry

- Benefits of billing electronically directly in ProviderOne:
 - Processing same day on clean claims (claims that include all the correct data elements)
 - Payments are made on Mondays for claims/adjustments processed by 5 p.m. the previous Tuesday
 - You can make adjustments to paid claims, resurrect denied claims and resubmit – *even if the original claim was submitted on paper*



Required Information

- Whether you use DDE or paper, all claims submissions require new identifiers, and they must go into the correct field on your claim.
 - Taxonomy
 - ProviderOne Client ID Number
 - Along with Gender and Date of Birth
 - National Provider Identifier (NPI)
- For instructions on where to put these identifiers on the various paper claim forms, read Memo #10-22 at <http://hrsa.dshs.wa.gov/Download/Memos/2010Memos/10-22.pdf>



Taxonomy

- Why we need taxonomies
 - Old MMIS ID billing numbers told us what type and specialty you were. The new NPI does not.
- The national provider taxonomy codes identify a provider's type and area of specialization.
 - The Department adopted a subset of the national provider taxonomy codes that are applicable to the services we cover.
- Taxonomies are required to process your claims in ProviderOne.



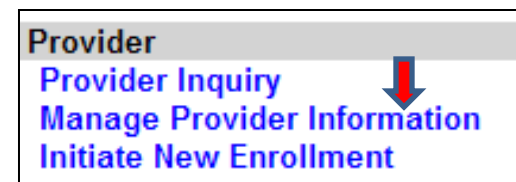
Taxonomy

- Taxonomy codes are 10 characters long and end in "X."
- Taxonomy identifies a provider's type and area of specialization.
- Providers can have more than one taxonomy code.
- The taxonomy code you use on your claim must be on your provider file.



Taxonomy

- Your taxonomy code is loaded in ProviderOne under your NPI in your provider file. To find this code:
 - Log into ProviderOne:
<https://www.waproviderone.org>
 - Any number of security profiles will allow “view-only” access of the provider file
 - At your provider portal (home page):
 - Scroll down to “Provider”
 - Click on “Manage Provider Information”





Taxonomy

- On your Business Process Wizard screen, click on Step 3: Specializations

<input type="checkbox"/>	Step 3: Specializations
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- You should now be at the screen labeled “Specialty/Subspecialty List” (which is your taxonomy code list)

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List:

- For E-Learning on Registration and the Business Process Wizard, visit
<http://hrsa.dshs.wa.gov/providerone/ERegistration.htm>



Taxonomy

- The taxonomy code is broken into separate segments

Provider Type ▲ ▼	Specialty/Subspecialty ▲ ▼	Administration ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Operational Status ▲ ▼
20-Allopathic & Osteopathic Physicians	8D-General Practice/00000-General Practice	HRSA	01/25/2010	12/31/2999	Active

- The first column describes the provider type: **20**
- The second column describes the specialty and subspecialty of the provider type: **8D00000**
- ProviderOne does not display the "X" character at the end of your taxonomy, but it is reserved for future use
- The other columns contain information dealing with the taxonomy code status
- The taxonomy code in this example is:
208D00000X



Taxonomies

Main Program Taxonomy Codes

PROGRAM	FACILITY TAXONOMY
Substance Abuse	261QR0405X
Dental	122300000X
Mental Health	2083P0901X
Medical	208D00000X
Psychiatric	2084P0800X

- Only the staff person with the “Provider File Maintenance” profile can actually update your NPI file
- The Department has final approval rights after submission of your request



Taxonomies

OTHER PROGRAM/PROVIDERS	TAXONOMY
Ambulance	341600000X
ARNP	363L00000X
Audiologist	231H00000X
Dietician	133V00000X
DME	332B00000X
EPSDT	208D00000X
Family Planning Clinic	261QA0005X
Maternity Support Services	171M00000X
Nursing Home	314000000X
Optometry	152W00000X
Oxygen	332BX2000X
Pharmacy	333600000X
Physical Therapy	225100000X
Podiatrist	213E00000X
Psychologist	103T00000X
Speech Therapy	235Z00000X



Rendering Providers

- If there are rendering providers attached to your group NPI, they will also need to be on your claim
- These rendering providers also have taxonomies associated with their provider file
- The rendering provider's NPI and corresponding taxonomy code must be on your claim



Mental Health and Chemical Dependency Claims

- If there is a rendering provider NPI on your claim that is not associated with your group, the claim will deny
- You can put “Tribal Encounter” in the comments section of your Mental Health claim for these to be adjudicated correctly
- CD claims do not require the clinician NPI. Do not put this information on your claim or it will deny



Taxonomy

- For more information on taxonomy:
 - *Using Taxonomy in ProviderOne* Fact Sheet at <http://hrsa.dshs.wa.gov/providerone/Providers/Fact%20Sheets/P1PR009%20taxonomy.pdf>
 - Recorded Webinar: Billing Using Taxonomies on Claims at [http://hrsa.dshs.wa.gov/providerone/Provider%20Training.htm#System Training Resources and Opportunities](http://hrsa.dshs.wa.gov/providerone/Provider%20Training.htm#System%20Training%20Resources%20and%20Opportunities)



ProviderOne Client ID Number

- New ProviderOne Client ID numbers replace the old PICs (Personal ID Codes)
- The number – which ends in “WA” – is printed on the front of the client’s Services Card
- It can be retrieved through a client benefit inquiry in ProviderOne using a combination of name, date of birth and Social Security Number
- If you know the client’s PIC from the old billing system, we have a web-based tool that you can use to look up a one-to-one match: <https://fortress.wa.gov/dshs/npicaphrsa>



National Provider Identifier (NPI)

- Must be correct on your ProviderOne provider file
- Use your group NPI in the appropriate location and your rendering NPI in the appropriate location



Tips if you MUST submit paper...

- Include the new identifiers
- Include the client's date of birth and gender
- Center information in the field boxes
- Total the billed amount on each claim form
- Do not highlight information
- Do not use stamps or stickers
- Do not include "extra" comments, such as "EOB ATTACHED," "REBILL" or "SECOND SUBMISSION"
- Do not submit hand-written claim forms
- Use a standard claim form
- Box location for taxonomy – Memo #10-22

<http://hrsa.dshs.wa.gov/Download/Memos/2010Memos/10-22.pdf>




General Billing Tips

- Billing with NPI and taxonomy
 - Bill with your group NPI and taxonomy code as the billing provider


PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.


BILLING PROVIDER

* Provider NPI: * Taxonomy Code: 

- Include the NPI and taxonomy code of the rendering provider

 Is the Billing Provider or Pay-To Provider also the Rendering Provider? ☐ Yes ☒ No

RENDERING (PERFORMING) PROVIDER

* Provider NPI: Taxonomy Code: 

- Units on your claim form:
 - Each service is counted as one (1) unit
- Total each claim form



Remittance Advice Changes

- No More Paper Remittance Advice (RA)
- Old EOB Codes Replaced by the HIPAA Adjustment Reason and Remark Codes
- Save and View the RA Electronically – No Need to Print!
- ProviderOne Will Save the Last 4 Years of RAs



Remittance Advice Example



Department of Social Health Services Remittance Advice

Mary Pierce DDS
Bellingham Dent (SA)
1315 Girard ST
Bellingham WA 98225
Phone: (360) 666-7122

RA Number: 118021

Billing Provider: 2250186000

Prepared Date: 08/01/2005

RA Date: 08/08/2005

Page: 001

1. Attention all Providers:

You may dispute overpayment adjustments listed in this Remittance Advice (RA) by sending a written request for a hearing to:

- Office of Financial Recovery (OFR) at P.O. Box 9501, Olympia, Washington 98507-9501 within 28 Days of the RA Date.

Your Request for the hearing must:

- Be sent by Certified Mail (Return Receipt) or other manner that proves that OFR received your request. You may be required to prove that your request was received by OFR:
- Include a Statement as to why you think the overpayments are not correctly adjudicated and
- Included a copy of this Remittance Advice (RA).

The Office of Administrative Hearing will schedule a Formal Hearing. Hearings are conducted under the Administrative Procedure Act. You will be offered a Pre-Hearing Conference in an Attempt to resolve your dispute Prior to the Formal Hearing.

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Department of Social Health Services Remittance Advice

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Phone: (360) 666-7122

RA Number: 118021
Warrant/EFT #: 4387

Warrant/EFT Date: 08/09/2005

Prepared Date: 08/01/2005
RA Date: 08/08/2005

Warrant/EFT Amount: \$2,149.75

Payment Method: Warrant

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Claims Summary

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Client Resp. Amount	Total Paid
2250186000	Paid	\$5418.00	\$4638.00	\$00.00	\$00.00	\$4584.25
2250186000	Denied	\$11780.00	\$00.00	\$00.00	\$00.00	\$00.00
2250186000	Adjustments	\$0.00	-\$34.50	\$00.00	\$00.00	-\$34.50
2250186000	Suspended	\$156.00	\$00.00	\$00.00	\$00.00	\$00.00

Provider Adjustments

Billing Provider	FIN Invoice Number	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
2250186000	CM3876	System Initiated	WO: Overpayment Recovery	\$1,200.00	\$700.00	\$500.00
2250186000	398744	HIPAA to System Initiated	LE: IRS Levy	\$88,200.00	\$1,700.00	\$86,500.00

Total Adjustment Amount \$2,400.00



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RA Number: 118021

Warrant/EFT #: 4387

Warrant/EFT Date: 08/09/2005

Prepared Date: 08/01/2005
RA Date: 08/08/2005

Category: Denied

Billing Provider: 2250186000

Page: 004

Client Name / Client ID / Med. Record # / Patient Acct #	TCN / Claim Type / Inv # / Auth #	Line #	Rendering Provider / RX Claim # / RX # / Auth Office #	Service Date(s)	Svc # / Mod / Rev /	Total Units or D/S	Billed Amount	Allowed Amount	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes	
Peter, Martin 83354312A 99042 PM0129	012005080132887000 Dental Claim	1	2239980099	02/19/2005 - 02/19/2005	D1510	1	\$8080.00	\$00.00	\$00.00	\$00.00	\$00.00	N30	168 = \$8080.00	
		2	2239980099	02/20/2005 - 02/20/2005	D1110	1	\$3700.00	\$00.00	\$00.00	\$00.00	\$00.00	M53	168 = \$3700.00	
Document Total:							2	\$11780.00	\$00.00	\$00.00	\$00.00			
Category Total:							2	\$11780.00	\$00.00	\$00.00	\$00.00	\$00.00		

The HIPAA codes are available under the Claims and Billing tab on the DSHS provider relations website at:

<http://www.dshs.wa.gov/provider>



Resources/Ending the Webinar

- To close the webinar, click the X button in the control panel.

Resources

- *ProviderOne Billing and Resource Guide*, page 75:
[http://hrsa.dshs.wa.gov/download/ProviderOne Billing and Resource Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html)
- E-Learning:
<http://hrsa.dshs.wa.gov/providerone/ELearning.htm>
- Tribal Health Program Billing Instructions:
[http://hrsa.dshs.wa.gov/Download/Billing Instructions Webpages/Tribal Health Program.html](http://hrsa.dshs.wa.gov/Download/Billing_Instructions_Webpages/Tribal_Health_Program.html)